Feeding and Fluid Management

Ensure that babies are fed within an hour of birth, preferably within the first 30 minutes

Feeding (refer also to your "Cornerstones of Neonatal Care" poster)

If the infant is able to suck

(Babies who are more than 34 weeks gestation are usually able to suck, unless they are ill)
- Breast feed and encourage EXCLUSIVE breast feeding
- Initiate breast feeding within the first 30 minutes of birth
- Allow mothers to breast feed on demand and room-in

If the baby is unable to suck or the mother and baby are separated

- Give Expressed Breast Milk (via NGT or cup)
- Use formula only if EBM is not available
  < 1.5 kg – pre-term formula
  > 1.5 kg – normal formula

If the baby is not able to feed

(The infant may be < 1.5 kg or ill e.g. severe respiratory distress or septicaemia)
- Commence IV maintenance fluids (neonatolyte) at the appropriate rate
- Keep on IV fluids only
- Gradually add feeds from Day 2 (refer to the table below as a guide)
- Increase the feeds if there is no vomiting, apnoea or abdominal distension
- If the baby is unable to tolerate feeds at all, IV fluids can be continued alone for a maximum of 3 days. Thereafter, if still unable to feed, arrange for transfer.

Frequency and method of feeding

- Allow breastfed babies to feed on demand – at least 8 times in 24 hours
- Feed other babies 3 hourly or on demand
- VLBW babies may need 2 hourly or even 1 hourly feeding
- If the baby is not breastfeeding then feed with a cup
- If the baby is unable to swallow or is on head box oxygen then feed by nasogastric tube (never remove a baby from oxygen to feed)

Fluid requirements

The following daily fluid requirements are recommended:

<table>
<thead>
<tr>
<th></th>
<th>&lt; 1000g</th>
<th>1 – 1.5kg</th>
<th>&gt; 1.5kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fluids (ml/kg)</td>
<td>Total fluids (ml/kg)</td>
<td>Total fluids (ml/kg)</td>
<td>Suggested IV (ml/kg)</td>
</tr>
<tr>
<td>Day 1</td>
<td>90*</td>
<td>75*</td>
<td>60</td>
</tr>
<tr>
<td>Day 2</td>
<td>115</td>
<td>100</td>
<td>90</td>
</tr>
<tr>
<td>Day 3</td>
<td>140</td>
<td>125</td>
<td>120</td>
</tr>
<tr>
<td>Day 4</td>
<td>140</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>Day 5</td>
<td>165</td>
<td>165</td>
<td>150</td>
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<tr>
<td>Day 6</td>
<td>165</td>
<td>165</td>
<td>150-180</td>
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<tr>
<td>Day 7</td>
<td>150-180</td>
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<td>150-180</td>
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</tbody>
</table>

* Very low birth weight babies may require more than 60ml/kg on Day 1
** Feeds can be increased more quickly if well tolerated or more slowly if not
- To calculate the drip rate: wt x volume/kg/24 = ml/hour
- If using a 60 drop/ml intravenous infusion administration set, then ml/hour = drops/min
- Always use an infusion controller, buretrol or dial-a-flow when administering fluids to neonates
- To calculate 3 hourly feeding: wt x volume/kg/8 = ml/feed

You MUST calculate and prescribe the correct intake, feed and fluid for every baby, every day including on weekends. Use the front page of the "Newborn Care Record" (Form Paed/01). Document intake and output on Form Paed/21 (IV and orals) or 22 (orals only)